

Universal Developmental Screening Advisory Committee

Meeting Minutes

Date and Time: September 30, 2020 1:00-2:30pm
Location: Zoom
Facilitator: Emily Urlacher, ECCS Program Manager

Meeting Purpose and Outcome: The purpose of the Universal Developmental Screening Advisory Committee is to bring key stakeholders together to ensure that all children and their caregivers have access to developmental screening in Alaska. The Advisory Committee will accomplish this through:

- A) Streamlining efforts to maximize efficiency
- B) Coordinating data sharing
- C) Ensuring access to training on developmental screening and screening tools
- D) Providing stakeholder input on the statewide ASQ Online system
- E) Increasing family-focused education on developmental screening

Advisory Committee Attendees: Emily Urlacher, Cherie Larsen, Veronica Alviso, Jeanne Holifield, Chelsea Burke, Carmen Wenger, Natalie Norberg, Amy Simpson, Kristen Spencer, Alisha Rohrer, Carol Prentice, Valerie McCarney, Kate Hudson, Supanika Ackerman, Arwen Botz, Tamar Ben-Yosef, Meghan Johnson, Jean Kincaid, Charlotte Bender, Betsy Smith, Amber Frommherz, Jodi Sides, and Shilan Wooten.

Status of Developmental Screening: Reviewed highlights from the recent “Developmental Screening in Alaska” report (Carmen Wenger, Carol Prentice, and Emily Urlacher). See the attached PowerPoint slides for more information.

Universal Developmental Screening Advisory Committee Breakout Group Activity:

Small groups broke out to address the following questions to an assigned outcome (listed below):

1. What would success in this area look like in Alaska?
2. Are there areas of “low-hanging fruit” that we can start with?
3. Are there any missing partners in this advisory committee who can contribute to the success in this area?
4. Identify any barriers or challenges in this area.

Group 1 (Emily Urlacher, Cherie Larsen, Veronica Alviso, Jeanne Holifield, and Chelsea Burke):

Increasing family-focused education on developmental screening

1. Success in family education on developmental screening in Alaska would include PSAs to educate families on what they are and how they are helpful. A safe experience for families – culturally relevant, introduced by a provider that they have a positive relationship with, and not a surprise to families.
2. Low-hanging fruit would be to disseminate the new, culturally relevant *Learn the Signs, Act Early* materials to families all over the state. It also includes making a video demonstrating

developmental screening done with an Alaskan family, and more Books, Blocks, and Balls events (when it's safe).

3. Partners who could help with this outcome could be representatives from behavioral health, Early Childhood Educators, or Head Start Coordinators in charge of developmental screening efforts.
4. Barriers to increasing family-focused education on developmental screening would be to overcome the stigma that comes with the work "screeener," or "screening." It was also noted that when OCS mandates developmental screening, families may develop a negative association and not wish to participate. We need to educate families to show the many positives to participating in developmental screening for their child(ren).

Group 2 (Carmen Wenger, Natalie Norberg, Amy Simpson, Kristen Spencer, and Alisha Rohrer):

Ensuring access to training on developmental screening and screening tools

1. What would success in this area look like in Alaska?
 - a. "Unusual suspects" being trained on DS so the children currently being missed or who are not connected to other systems (well-baby exams, CAPTA lost to follow up, etc.)
 - b. Working with other partners to use screening as a parent engagement tool or market it as a way to encourage positive interactions with families
2. Are there areas of "low-hanging fruit" that we can start with?
 - a. Prevention cases through OCS – Family First Prevention Services Pilot Sites
 - i. Training of tribal social workers
 - b. Better marketing or awareness of current in state/online opportunities
 - c. Leverage the QRIS to encourage the ECE community to engage in screening *and* where to go if there is a problem
3. Are there any missing partners in this advisory committee who can contribute to the success in this area?
 - a. Parents as Teachers
4. Identify any barriers or challenges in this area.
 - a. Same set of children are being rescreened, and children who are harder to access aren't being reached
 - b. Traditional training model based on in person and restricted by the copy write of the tool
 - c. Cultural "pitfalls" of the ASQ-3; over refers certain populations. Need to be thoughtful about if the results are showing a developmental delay or a cultural difference
 - i. This can lessen the effectiveness with some families and providers

Group 3 (Carol Prentice, Valerie McCarney, Kate Hudson, Supanika Ackerman, and Arwen

Botz): Providing stakeholder input on the statewide ASQ Online system (Valerie McCarney, Kate Hudson, Supanika Ackerman, Arwen Botz)

1. What would success in this area look like in Alaska?
 - a. Wide variety of providers using the system
 - b. Connecting children/families with needed resources
 - c. Improved communication between referral sources
 - d. Agreements allowing screenings to be shared with approved agencies/entities (such as a medical practice sharing an ASQ screening with a Head Start)
2. Are there areas of low-hanging fruit that we can start with?

- a. Clarifying HS guidelines on conducting a screening vs. securing a copy of an already completed screen
 - b. Researching acceptable data sharing agreements
- 3. Are there missing partners in the advisory committee?
 - a. School district representative
 - b. WIC
- 4. Identify any barriers or challenges in this area.
 - a. Duplication of screenings
 - b. Disrupted care – referrals not followed up on or completed
 - c. Navigation and logistics of follow up and referral are challenging

Group 4 (Tamar Ben-Yosef, Meghan Johnson, Jean Kincaid, and Charlotte Bender): Coordinate data sharing

1. At ILP struggle with duplicated data. Staff and coordinators don't do DS, rely on referring providers. State database is not a reliable source. Rely on ASQ database. Success would be great to clean up the ASQ database in a way that removes duplications and supports more comprehensive data analysis. Having a system that allows data sharing through agreements and serves the needs of multiple agencies. Additional screening methods. For Learn & Grow – there's a need to document number of screenings done. Would want a feedback loop. Include some sort of approval process from families to have results shared among providers to avoid over screening/duplicated screening. Sharing for family engagement will be important as well.
2. Low-hanging fruit:
 - a. ECCS pulls data from groups they work with – can that be expanded upon?
 - b. Local relationships exist – where can we have shared data within communities?
3. Missing partners: Many organizations are involved with primary data collection that are not within the ILP network. Preschool Special Ed has similar requirements as Part C. School Districts, medical practices that screen, individual Head Start grantees.
4. Barriers: Duplication of data. Parents are frustrated with duplicated screenings. ILP Programs don't do ASQs with kids. Don't require screening at ILP. Any data collected is secondary. Different tools are used, not just ASQ. Communicating with medical offices to figure out how many screenings are done – need to work on relationships to create some sort of infrastructure for them to share their data. Some skepticism has existed about data sharing among families and could present a barrier for data sharing between providers.

Group 5 (Betsy Smith, Amber Frommherz, Jodi Sides, and Shilan Wooten): Streamlining efforts to maximize efficiency

1. What would success in this area look like in Alaska?

- a. Head Starts throughout the state are required to screen within the first year of service. Screening requirements could be increased (additional screenings after service is underway).
 - b. A determination is made about where the ASQ-Online Hub lives, for the sake of both efficiency and access.
 - c. Parents know that screening data is held in one centralized location and available for providers to access, easing hesitation about over screening.
 - d. Trusting relationships are developed with tribal Head Starts, and data becomes more easily shared.
 - e. Data follows a child through a universally used identification number.
 - f. Pre-K programs have screening requirements in alignment with the standards of Head Start and other existing programs.
2. Are there areas of “low-hanging fruit” that we can start with?
 - a. Alaska Head Start Association could host a conversation with 17 grantees to discuss possibilities for increasing/strengthening standards for screenings.
 - b. Establish incentives for sharing data (compensation for time/effort, establishing procedures, online databases, etc).
 3. Are there any missing partners in this advisory committee who can contribute to the success in this areas?
 - a. More comprehensive representation from tribal health regions
 - b. More representation from rural areas
 - c. Pediatrics
 - d. Maureen Harwood (on the invite list, but was unable to attend)
 4. Identify any barriers or challenges in this area.
 - a. Parents are hesitant to screen because of concern about over screening (duplicates).
 - b. Sharing data is not simple (time and effort to compile, obtaining permissions)
 - c. Not all providers use a database or have access to suitable technology. Not all screens are easily incorporated into an electronic medical record.
 - d. Not all parents have access to screening via technology.
 - e. Training is required on multiple levels.
 - f. New Pre-K programs will compete with the same audience that Head Starts serve in.
- **Next Steps:** Meeting summary and identified action steps. The next quarterly meeting will be December 16, 2020 from 1:00-3:00pm. Invitation to follow.